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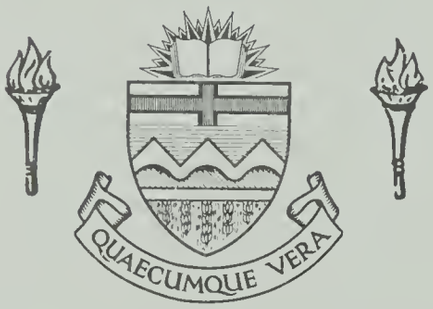

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THE UNIVERSITY OF ALBERTA

GROUP ASSERTION THERAPY AND THE RESOLUTION OF ANXIETY

BY

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A THESIS

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Group Assertion Therapy and the Resolution of Anxiety", submitted by Ian S. Hay, in partial fulfilment of the requirements for the degree of Master of Education.

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ABSTRACT

The purpose of this study was twofold: to seek confirmation of a correlation between anxiety and non-assertion, and to evaluate the efficacy of assertion therapy in the resolution of anxiety.

Accordingly, indices of anxiety (The Willoughby Schedule) and acquiescence or non-assertion (the Bass Social Acquiescence - SA Scale) were administered to 52 students enrolled in Educational Psychology courses at the University of Alberta. The results of this phase of the study revealed a non-significant relationship between anxiety and non-assertion.

An experimental procedure, involving 23 senior level university students was designed to test the efficacy of assertion training in the resolution of anxiety. Four $1\frac{1}{2}$ hour group training sessions were preceeded by pre and post administrations of the Willoughby Schedule, the IPAT Anxiety Scales and the SA Scales. At the conclusion of the treatment period, no significant decrement in anxiety was revealed by the results of the Willoughby Schedule. The results obtained from the administration of the IPAT Scale of Anxiety however, revealed a significant decrement in the level of anxiety. No apparent change in the level of social acquiescence was revealed by the results of the pre and post administrations of the Bass SA Scale. The findings were interpreted and avenues for further research explored.

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CHAPTER I

INTRODUCTION

Background

Joseph Wolpe (1958) is an exponent of behaviour therapy; the foundation of which is the various principles and procedures of learning theory. The learning approach to psychotherapy seeks to change behaviour via the manipulation of the conditions of learning (Staats and Staats, 1963, p. 490). A position common to all learning theorists asserts that all modes of behaviour, including those labeled neurotic, are manifestations of the learning process. In the treatment of anxiety and accompanying neurotic behaviours, Wolpe follows a therapeutic procedure based upon a repatterning of learning through "reciprocal inhibition", the result of which is said to be a "permanent" weakening of the connection between the originally learned cue and its response (Wolpe, 1958, p. 31). The resolution of unadaptive behaviour occurs concomitantly with the strengthening of a more appropriate response pattern. In the forefront of specific techniques of reciprocal inhibition therapy are systematic desensitization, assertive training and the use of sexual responses (Franks, 1969, p. 207). Regarding assertive training, Wolpe specifically postulates that a correlate of passivity (eg. acquiescence or non-assertion) is anxiety. The purpose of the ensueing study is: (1) to seek empirical confirmation of a relationship between anxiety and assertion, and (2) to examine the efficacy of assertion therapy in the resolution of anxiety.

Assertion Therapy and Anxiety Reduction

Advocates of behaviour therapy contend that anxiety is neural excitement and behaviour capable of producing a reduction in the excitation level has a strong propensity towards reinforcement (Dollard and Miller, 1950). In addition, Wolpe regards anxiety as the central constituent of neurotic behaviour. The term anxiety generally refers to a state of psychological arousal elicited by stimuli which may not be intrinsically threatening. This inappropriate anxiety response can be attributed to the formation of previously acquired S-R connections.

A central hypothesis held by most theorists knowledgeable in the use of assertion therapy (eg. Wolpe, 1958; Metzner, 1961; Salter, 1961) contends that anxiety and the expression of assertive responses are incompatible. Thus if a person can assert himself anxiety will be inhibited.

In selecting assertive responses to counter anxiety and in motivating the client to carry out these responses, the therapist is guided by the following presumption:

> .... responses that largely implicate the parasympathetic division of the autonomic nervous system would be especially likely to be incompatible with the predominantly sympathetic response of anxiety (Wolpe, 1958, p. 7).

Nature of Anxiety

A review of the relevant psychological research undertaken

during the last twenty years has revealed a marked upsurge in the number of experimental studies dealing with human anxiety (Speilberger, 1966, p. 5). Anxiety is found as a central explanatory concept in almost all contemporary theories of personality and is regarded as a principal causative agent for many diverse behavioural consequences (Speilberger, 1966, p. 4). Theories and definitions of anxiety are legion. Moreover, there exists little agreement regarding the nature of anxiety. Origins of anxiety variously postulated differ according to their originator's theoretical frame of reference. Freud, for example, viewed anxiety in terms of repressed, unrelieved, somatic sexual tensions or libido (Freud, 1936, p. 69). Morrow (1939) viewed it as the "historical product of an aversive conditioning process" (Maher, 1966). Malmo (1957, Chapter 4) proposes that anxiety be considered in terms of "a disease of overarousal" wherein prolonged exposure to arousal stimulation affects a marked change in ones capacity to inhibit arousal. The existential psychologist regards anxiety as the response occurring when man's value system, "the foundation and center of existence", is threatened with dissolution (May, 1959, p. 1354). Davidson (1967) views anxiety in terms of "anxiety tension". According to this theorist, individuals are "conditioned to respond to anxiety tensions" and once conditioned to believe that a certain act will be painful or unpleasant, "many years of deconditioning will be required to

break the habit" (Jacobson, 1967, p. 31). Similarly, Ferster (1965) refers to anxiety as a "conditioned aversive stimulus". Ferster asserts that when a large number of performances in themselves come to function as pervasive stimuli because they have been followed by aversive consequences, the conditioned aversive stimulus (anxiety), generated by any incipient tendency to engage in these behaviours, will both disrupt and suppress the ongoing repetoire (Krasner and Ullman, 1965, p.23). Cattell defines anxiety as "a second order factor objectively determined through factor analysis" (1965, p. 114). Wolpe, believing that anxiety is conditionable, defines it as "a particular organism's characteristic pattern of autonomic responses to noxious stimulation" (1969, p. 1242). It is upon these last two definitions of anxiety that we predicate this study.

More specifically, Cattell (1957) defines anxiety in terms of a syndrome comprising the qualities of tension, irritability, lack of self-confidence, unwillingness to take risks, tremour and various psychosomatic signs.

Assertion Therapy

Assertion responses are specifically selected to counter anxieties arising out of the client's immediate relations with other individuals (Wolpe, 1958, p. 14). If neurotic reactions exist in connection with direct interpersonal relations, the instigation of appropriate new behaviour is desirable. To this

end assertion therapy, based upon the reciprocal inhibition principle, is most commonly instigated (Eysenck, 1964, p. 23).

Specific procedures of assertion therapy aimed at replacing deficient or inadequate interpersonal responses with more effective behavioural patterns include behaviour rehearsal (Lazarus, 1966, p. 209), role reversal (Bandura, 1961, 1965), and role playing (Wolpe, 1958, 1968), reasoning (Ellis, 1962), and task assignment (Herzberg, 1941).

Some theorists view assertion training as being distinct from other modes of therapy (eg. Wolpe, 1958; Lazarus, 1966; Walton and Mather, 1964). Other theorists frequently combine training in assertive behaviour with systematic desensitization and other forms of reciprocal inhibition therapy (Yates, 1970; Michenbaum, 1966; Burnett and Ryan, 1964; Lang, 1965). In short, the therapist seeks to establish conditions to increase the likelihood that a person will emit a behaviour that will be reinforced (Ullman and Krasner, 1965, p. 30). A prime requisite of any technique producing assertive responses is its inherent propensity towards reinforcement (Burnham, 1924, p. 471).

The practice of assertion therapy seeks to weaken learned anxiety response habits through a simultaneous counter-conditioning of anxiety responses and the operant conditioning of more appropriate, yet previously inhibited, social responses (Wolpe, 1969, p. 1243). Repeated patterns of new motor behaviour are instigated with the expectation that on each trial the concurrently evoked anxiety will be inhibited, resulting in some degree of weakening of the anxiety response habit (Wolpe, 1958, p. 72).

Embodied in the following general principle is the rationale underlying assertion therapy:

> ... if a response antagonistic to anxiety can be made to occur in the presence of anxiety-provoking stimuli, so that it is accompanied by a complete or partial suppression of the anxiety response, the bond between these stimuli and the anxiety response will be weakened (Wolpe, 1958, p. 71).

In summary, assertion responses lend themselves readily to the treatment of individuals thwarted by learned unadaptive responses. As inhibitors of anxiety, assertive responses are employed therapeutically in a systematic manner to enable the passive or ineffectual individual in interpersonal contexts, to say and to do that which is reasonable and right, thereby achieving control of his interpersonal relationships.

CHAPTER II

RELATED LITERATURE

Assertion Therapy - A Review of the Literature

To date, the treatment of a variety of maladjusted behaviours by assertion therapy has been reported in the literature. Lazarus (1966) examined the efficacy of assertion training through behaviour rehearsal as compared to two other procedures, "advice giving" and "reflective interpretation". In twenty-five cases Lazarus reports ninety-two percent effectiveness using behaviour rehearsal for teaching people to meet and cope with specific interpersonal problems, as compared with forty-four percent and thirty-two percent effectiveness with advice and reflective interpretation respectively. Lazarus (1965) reports the successful treatment of sexual impotence in a male client as a result of a therapeutic procedure combining systematic desensitization and assertion training. Herzberg (1965) proposes the treatment of neuroses by a system of graduated tasks. Successful treatment by this task method is reported in forty-eight out of one hundred cases; the remainder being judged only slightly improved (twelve cases), not improved (thirty-five cases), or not capable of improvement (five cases). Stevenson and Wolpe (1960) report the successful treatment of Pedophilia (sexual offences against children) in a forty-two year old male. The treatment carried out is described as indirect in that it involved the teaching of assertive responses to counter an abnormal degree of servility towards, and dependence upon, the patient's

father. Six and one-half years after termination of treatment the deviant sexual response had reportedly not returned. Walton and Mather (1963) report two instances where reciprocal inhibition by self-assertion was utilized to counter obsessional behaviours. Lang (1965) combined systematic desensitization with assertion training to combat severe anxiety causing marked disruption in the life of a female client. Vomiting, severe weight loss, and a variety of additional contributing problems were reported successfully treated, resulting in the client's return to "a reasonable and active life" (1965, p. 220). Meichenbaum (1966) similarly combined systematic desensitization and assertion training in the case of a forty-three year old male whose major complaint was an inability to keep his eyes open more than twenty percent of working hours; the result of which was loss of employment, inability to drive a car, and eventual hospitalization. Systematic desensitization enabled him to return to work and drive a car, however eye closing still occurred when domination was felt from others. This latter situation was overcome by assertion training. A three-month follow-up is reported to have found no further difficulties with eye closing or any indications of symptom substitution. Stevenson (1959) treated twenty-one psychoneurotic patients using a form of assertion therapy designed to "instigate new behavioural responses on the part of the patient towards persons in his environment" (p. 106). Fourteen patients were judged "much improved" after treatment, and

follow-up interviews eight months to several years later showed that the improvements had been sustained (p. 106). Bandura (1969) reports the successful treatment of two males with "obsessive compulsive disorders to recent origin". In one case a hand-washing ritual, evoked by anxiety and guilt over violent aggressive fantasies, disappeared after the passive patient received training in assertion. In the second individual the development of self-assertion successfully reduced obsessional thoughts about homosexuality and destructiveness, assumed to have arisen from "anticipatory concern over negative social reactions to his obsequious behaviours" (p. 394). Walton (1961) reports the successful treatment of a case of somnambulism in which a male had dreamt of attempting to strangle his wife each night for a six-month duration. An investigation of the situation resulted in a treatment procedure requiring increasingly assertive responses towards the mother. Rapid reduction of the symptom was reported, with a generally improved social adjustment two years later (pp. 96-99). A case of anorixia nervosa (a condition in which the subject has difficulty swallowing and retaining food) was handled by Land (1965) using the method of systematic desensitization and the encouragement of assertive responses. The client was a twenty-three year old registered nurse who experienced extreme anxiety when travelling, when being critizied, or when she was the center of attention. Systematic desensitization was utilized to counter-condition specific anxiety responses, and assertion training was used to

counter anxieties arising out of interpersonal relationships. After eleven months of therapy, most sources of anxiety had been successfully dealt with. While the consequences of overwhelming stress remained the same for this client (nausea and avoidance), the effect of therapy was to "raise markedly the threshold of this response, and to reduce the range of stimuli that could call it up" (Ullman and Krasner, 1965, pp. 217-221). Salter (1952) utilized a variation of assertion therapy termed "excitation" in which the therapist encourages the expression of feelings and emotions to treat inhibitions in his clients. He recounts the treatment of a forty-five year old business executive who complained of chronic blushing. Part of the proposed treatment required that he "fight for his beliefs with all the emotional energy possible" in all matters of both a personal and business nature (pp. 105-107). Similarly, Salter applied his principles of excitation to assist an army major who felt intimidated by superior officers. He too was encouraged to seek out every opportunity to stand up for his rights and priviledges with resulting improvement in the effectiveness of his social relations as he became "emotionally free" (pp. 115-116). Ullman and Krasner (1969) provide an example of assertive training in the treatment of a college student who was "very shy with girls". The therapist and client together developed and rehearsed a "script" to be used when phoning girls for dates. Later steps involved progressive deviations from the "script" thereby requiring improvision on the part of the client. The client's date-getting technique was further developed during final

stages of therapy when female therapists entered the role-playing situation (pp. 253-254). Wolpe (1971) employed behaviour rehearsal to help a twenty-four year old female who experienced difficulty with formulating and carrying out appropriate assertive behaviours. Appropriate assertive verbal responses were shaped for a specific verbal interchange with the patient's father, with the intention of assisting the patient in gaining greater personal facility for handling disagreements with significant others (pp. 145-151).

It is noteworthy that the majority of the studies cited in the literature have utilized the clinical case study procedure for examining the efficacy of assertion therapy. In addition, most studies were principally concerned with demonstrating the effectiveness of assertion training in the treatment of various forms of maladjusted behaviour. To the author's knowledge, studies demonstrating a correlation between non-assertion (social acquiescence) and anxiety have yet to be reported in the literature.

Anxiety and Social Acquiescence

Acquiescence is defined as the tendency to accept any generalization about human behaviour (Bass, 1958, p. 487). The Social Acquiescence Scale (SA) of the Famous Sayings Test purports to measure acquiescence to a wide variety of generalizations concerning how people behave or should behave (Bass, 1958, p. 487).

Normative data for the SA test report a positive relationship between social acquiescence, ethnocertrism and authoritarianism (Braun, 1963, p. 878). A significant correlation of .45 was found between Social Acquiescence scores and dissatisfaction with self, as measured by Q sorts (Bass, 1961, p. 448). Walsh (1966) in seeking additional normative data amongst professional groups, discovered that student nurses scored highest in social acquiescence as compared to other medical groups; for example, interns, residents, staff doctors and experienced nurses (p. 155). This same group obtained significantly higher scores on Fear of Failure as well (Walsh, 1966, pp. 154-155). The possibility that a relationship exists between acquiescence and anxiety is suggested by the above.

HYPOTHESES

Thus, in accordance with the foregoing the efficacy of assertion therapy in the resolution of anxiety will be explored. Specifically, the following three hypotheses will be tested:

1. A positive relationship exists between non-assertion and anxiety.
2. The treatment group, having received assertion therapy, will exhibit a decrement in anxiety over the treatment period as measured by the Willoughby Test of Anxiety.
3. The treatment group, having received assertion therapy, will exhibit a decrement in anxiety over the treatment period as measured by the IPAT Scale of Anxiety.

CHAPTER III

DESIGN AND PROCEDURE

Sample

Subjects for this study were drawn from senior level undergraduate classes at the University of Alberta during the Spring of 1971. A total of 89 individuals took part in some or all aspects of the study. The scores of 52 individuals were utilized to seek confirmation of a relationship between high anxiety and low assertion. Only one group comprising 36 individuals received the experimental treatment and of these, 23 individuals participated in all phases of the experimental procedure. The scores of those offering only partial participation were not included in the experimental analysis.

Procedure

Prior to the outset of treatment all individuals received an administration of the Willoughby Schedule, and the Bass Scales, to seek confirmation of a relationship between anxiety and assertion. The treatment group was administered the IPAT as a further measure of anxiety. Following treatment, all scales were readministered to the treatment group to make possible a comparison of the results obtained, and to guage the efficacy of assertion therapy.

The experimental procedure, administered to the treatment group, consisted of assertion training in the area of interpersonal relations.

Treatment was carried out in a group setting during three 1½ hour sessions. After an initial introduction to assertion training, the subjects were encouraged to learn self-assertion through play-acting. Initial sessions utilized fictitious, everyday life situations requiring assertive acts which had been fabricated by the therapist. Later sessions revolved around situations suggested by group members in which he or she had failed to act in an appropriately assertive manner. Further and more elaborate discussion of the training sequence is to be found hereafter in Chapter IV.

INSTRUMENTS

IPAT Anxiety Scale

The IPAT Anxiety Scale is a self-administering, brief assessment inventory of forty items, the function of which is to assess "general anxiety". The author defines his anxiety syndrome as comprising the qualities of tension, irritability, lack of self-confidence, unwillingness to take risks, tremour and various psychosomatic signs (Cattell, 1963, p. 7). Split-half reliability for the total score is reported to be .84 for a sample of 240 normal adults, and .91 for a mixed normal and pathological population (Cattell, 1963, pp. 7-9). Validity of the scales is reported by the author in terms of construct validity, and the interjudge agreement of two psychiatrists who interviewed subjects. From replicated factor-analytic researches involving questionnaire items, and from objective test and psychological measures, are derived construct validity coefficients in the .85 to .90 range (Guilford,

1959, p. 138).

The Willoughby Anxiety Scale

The Willoughby Personality Schedule is a self-administering questionnaire which is purported to reveal neuroticism of the variety generally associated with social situations (Wolpe, 1958, p. 107). Neurotic behaviour is defined as "any persistent habit of unadaptive behaviour acquired by learning in a physiologically normal organism" (Wolpe, 1958, p. 32). Positive answers to questions 1, 3, 5, 7, 11, 13, 15, 16, 18, 19, 20, 22 and 23 indicate unadaptive anxiety as defined above. Each question is answered using a five-point scale in which zero indicates a negative response, and one to four a positive response in increasing degrees. The highest total possible on the questionnaire is one hundred. Extensive clinical use of the Willoughby attests to the reliability and validity of this instrument. Willoughby (1934) and Harvey (1932), both working with university students, discovered that approximately fifty percent received scores exceeding thirty, and seventy-five percent exceeded twenty (Wolpe, 1958, p. 109). Wolpe, working with neurotic patients, established that the Willoughby questionnaire is a highly significant indicator of neuroticism (1958, p. 110). Taft (1968) discovered a significant relationship between the Willoughby Schedule and three well known indices of anxiety; including the Maudsley Personality Inventory, the Revised Taylor Manifest Anxiety Scale, and Zingle's Irrational Ideas Inventory (p. 31).

Further documentation of the effectiveness of the Willoughby questionnaire as a measure of anxiety is available from its extensive clinical use in conjunction with the Wolpean approach to psychotherapy. For example, Payne (1970) found significant decrements in anxiety, as measured by the Willoughby and other indices, after a treatment procedure which employed relaxation therapy.

The Famous Sayings Test

The Famous Sayings test (FS) constructed by Bass is a self-administering, projective personality measure said to yield a rapid, objective assessment of vocationally important aspects of personality. The four measures provided are: Hostility (HO), Fear of Failure (FF), Conventional Mores (CM), and Social Acquiescence (SA) (Bass, 1958, p. 479). The examinee indicated whether he agrees, disagrees, or is uncertain about 131 generalities, mainly famous sayings, proverbs, adages and aphorisms. A particular strength of the test is its resistance to faking on the part of the examinee.

Of particular relevance to this study is the measure of Social Acquiescence (SA). Persons high in social acquiescence, as measured by the Famous Sayings Test, are described as "appearing to be 'outward-oriented', insensitive, non-intellectual, socially uncritical individuals - unquestioning conformists to social demands" (Bass, 1958, p. 482).

Reliabilities for the four scales are estimated to be HO, .69; FF, .75; CM, .73; and SA, .92. Only the social acquiescence

scale is felt to be of sufficient length and reliability to permit its use in individual cases without further evidence from related tests and/or interviews (Bass, 1958, p. 495). The following validity scores are reported: CM correlated .43 with Gilford-Zimmerman sociability scores; HO correlated .24 with an MMPI derived measure of hostility; SA correlated .16 to .49 with F-scale scores (indicative of authoritarianism) and .36 to .39 with tendency to accept group decisions.

Summary

The direction of the study was twofold; to seek empirical confirmation of the relationship between anxiety and assertion, and to examine the efficacy of assertion therapy in the resolution of anxiety. To this end, an experimental procedure and indicies of anxiety and acquiescence (non-assertion) were employed.

It is hoped that the study will contribute to the growing body of knowledge supporting the use of behaviour therapy in the treatment of neuroses and interpersonal problems. The following statement by Wolpe (1969) adds perspective to this study:

> In the final analysis, there can only be one rationalization for replacing the present psychoanalytic based system of therapy with behaviour therapy; the confidence that behaviour therapy is the most efficient way to cure neuroses. So far this confidence is not based on flawless controlled and repeated experiments. But the confidence is growing partly because of convincing, though uncontrolled, clinical experience, partly because of some experiments that have been very well controlled. To the future belongs the ultimate disposition of the behaviour therapist's case" (p. 37).

CHAPTER IV

TRAINING SEQUENCE

Introduction

The study included four training sessions, each of a one and one-half hour duration. Four sub-groups, comprising seven or eight members each, were created by an arbitrary subdivision of the experimental training group. Training in assertion was under the direction of two graduate students in Educational Psychology. Each therapist was responsible for the training activities of two sub-groups. The groups were randomly assigned on the first occasion, and alternated on subsequent occasions. The therapist's task was facilitated by the efforts of group leaders, themselves experimental subjects, and selected by a course instructor for their assertive behaviour during regular class activities. The duty of the group leader was to maintain a reasonable level of training activity during training sessions when the assigned therapist was participating in the activities of another group.

The initial training session was primarily devoted to the administration of pre-tests, and a short introduction to the role of assertion in interpersonal relationships. Subjects were informed only that assertion training was designed to facilitate general personal control over ones own behaviour in interpersonal relationships, and to provide the individual with additional skill and pleasure in this area. Both therapists carefully avoided

any mention of the hypothesized relationship between assertion and anxiety. All sessions were conducted in an atmosphere of informality. Initially only role-playing situations contrived by the therapists were used in training. Pairs of subjects were required to rehearse and role play a minimum of two of these situations before the remaining members of their respective groups. A group discussion followed each presentation. Subsequent training sessions incorporated experiences offered voluntarily by subjects concerning situations in which their or close friends had failed to assert themselves. Group members were encouraged to combine forces to formulate an appropriate position in each of these latter situations. The agreed upon assertive position would then be rehearsed and presented to the group for further discussion. Subjects were frequently encouraged to practise self-assertion, when appropriate, during the course of their daily activities. In this regard they were encouraged to insist upon legitimate human rights in a reasonable manner as opposed to one which might be termed obnoxious.

The following six situations are those contrived by the therapists to facilitate training in self-assertion. They were utilized during initial training sessions in the role-playing situation.

Situation One

Having attended the wedding of a close relative, you are

at the Vancouver airport awaiting a stand-by seat on the last flight to Edmonton that will arrive in sufficient time for you to write an important final examination. As the flight is being called, another student who arrived at the airport after you did, is issued a boarding pass. A check with the clerk reveals that an unfortunate error has been made, and that no other seats are available on the aircraft until some regular passengers disembark at Victoria. The airline personnel seem unwilling to remedy the situation.

The assertive individual would insist that the airline comply with its "first come first serve" policy reserved for stand-by travellers. An offer to accept temporary accommodation on the plane until a regular seat becomes available at Victoria would be in order.

Situation Two

You have recently purchased a sweater from a local department store. Once home you discovered a minor defect in the garment and decided to return it to the store. It was Saturday afternoon, and the hour was late, so you postponed your return visit to the store until the following week in order to have more time to select a suitable replacement. Having returned to the store, you are unable to find another garment that pleases you and therefore request a refund. The clerk that sold you the sweater refuses to refund your money on the grounds that the garment has

been worn (this is not the case). This particularly annoys you as the store has a "goods satisfactory or money refunded" policy.

An assertive individual might request to talk with the department manager. He would carefully explain the annoying circumstances surrounding the purchase of the sweater. Recalling the store's advertised guarantee he would insist upon satisfaction. An offer to spend the purchase price of the sweater in another part of the store might be desirable.

Situation Three

You took your favourite date to a beach party which required that you drive a considerable distance from your home town. Homeward bound, late at night, your car failed leaving you stranded. The assistance of a sympathetic motorist enabled you to continue your journey, but not without considerable delay. Having arrived at your date's home in the small hours of the morning, you are confronted by her parents - livid with anger. In the ensuing outburst you are informed that you are no longer welcome in their home. Thus your relationship with their daughter is in jeopardy.

An assertive response might include an apology for the alarm you inadvertently caused them to experience. In addition an attempt at explanation and a promise to keep the parents informed of your whereabouts on future dates are in order.

Situation Four

You have enrolled in a course in which a term paper will account for fifty percent of your final grade. You failed the mid-term exam. You completed the assignment just before the deadline and slipped the paper under the professor's office door. A few days later you are called into his presence and informed that you are the only person in the class who has not yet handed in a paper for grading. You are given twelve hours to produce it or receive zero on that portion of the course. You have retained the rough draft of the paper.

The assertive response requires that you explain to the professor the circumstances under which the paper was handed in. In addition, you request that he make a search and you offer to submit the rough draft for grading if the original is not found.

Situation Five

You are sharing an apartment with a friend. A schedule for cooking meals, cleaning house, buying groceries, etc. has already been agreed upon. Your roommate has consistently failed to comply with his/her part of the agreement, thereby causing you considerable inconvenience and concern. Frequent reminders have done little to remedy the situation.

The assertive individual might review the agreed upon schedule with the neglectful roommate, taking care to point out

where he/she had failed to uphold his/her part of the bargain. In addition, an offer to negotiate a different schedule better suited to the roommate's daily routine could be made.

Situation Six

A close friend of yours is to be married on Saturday morning and you have volunteered to order the flowers for the occasion. You made the arrangements early in the week and paid the deposit that the florist requested. It is Friday morning and you have stopped by the flower store to determine the time the flowers will be delivered to the church so that you may be there to receive them. The florist explains that your order had been forgotten and, offering to return your deposit, suggests that you attempt to purchase the flowers elsewhere. You are aware that his small staff would have to work overtime to complete your order in time for the wedding. In addition, you realize that it would be difficult and costly to have a florist with a larger operation handle your order at such short notice.

The assertive individual might insist that the order be filled, and agree to minor changes in order to facilitate the florist's task.

The foregoing suggestions were submitted by group members and were utilized midway through training.

Situation Seven

You are a teacher on a book selection committee whose job

it is to choose a new book for a particular course. You are a conscientious Canadian. The committee has successfully reduced the total number of possible choices to two books: a Canadian issue at $3.95 per copy, and an American issue at $3.25 per copy. The committee chairman firmly believes that the cheaper book should be chosen as 400 copies will be required.

You must assert yourself sufficiently to sway the committee towards selecting the Canadian issue. While you should not be anti-American you must stand up for your Canadian ideals.

Situation Eight

You are a student attempting to study for approaching examinations. Unfortunately the barking of a neighbour's dog is disrupting your studies. The neighbour was casually informed of the situation, however without results. You wish to stay on good terms with your neighbour; however, you must be sufficiently assertive in your demands to assure that action will be taken with regards to the dog's barking.

Situation Nine

You rent a suite in an apartment building in which everyone has been assigned a specific time to wash clothes. However whenever you attempt to wash at the assigned time, you discover the machines already in use. When caught, the culprit apologizes saying that no one was using the machine when he arrived, etc.

You must adopt the appropriate assertive position to resolve the above situation.

The following situations are representative of those suggested by subjects during the final phases of training. The subjects had been requested to voluntarily submit situations for consideration in which they or close friends failed to act in appropriate assertive manner.

Situation Ten

A female subject explained to her group that she had broken off a close relationship with a fellow classmate. She recalled that for fear of meeting this individual, she had not attended a particular class for some months. The group discussed and rehearsed the appropriate assertive position to be taken in various situations which might have arisen during such an encounter.

Situation Eleven

A male group member requested assistance with handling a dispute between his wife and their landlady. The conflict was threatening to have them evicted from their suite the following month during exam week when it was inconvenient for them to move. The entire situation was explained to group members and the appropriate assertive position for handling the matter decided upon. Female members of the group then role-played the part of the wife and landlady and self-assertion using the decided upon position was

rehearsed. During the final session, the student reported partial success using the method and received further encouragement for further attempts.

Conclusion

It was hypothesized that a correlation exists between non-assertion and anxiety and that training in assertion would bring about a reduction in the level of anxiety. In keeping with this position, various situations requiring the use of self-assertion were utilized in training to enable subjects to formulate and rehearse appropriate assertive acts.

CHAPTER V

FINDINGS AND CONCLUSIONS

The data accumulated from pre and post treatment administrations of the measuring instruments was subjected to standard statistical procedures in order to assess the tenability of the previously stated hypotheses.

Chapter V is devoted to the restatement of these hypotheses and the presentation of pertinent results.

HYPOTHESIS I

A positive relationship exists between non-assertion and anxiety.

Findings

Fifty-two individuals received a single administration of the Famous Sayings Test and the Willoughby Schedule in order to seek confirmation of the existence of a positive correlation between anxiety and non-assertion. While a slight positive correlation is evidenced by the results, this correlation is not sufficiently large to be significant beyond the .05 level. Consequently, Hypothesis I must be rejected. A summary of the results appears in Table I.

TABLE I

CORRELATION BETWEEN SCORES ON THE
WILLOUGHBY SCHEDULE AND THE
FAMOUS SAYINGS TEST

NAME OF TEST	N	MEAN	STANDARD DEVIATION	CORRELATION
Famous Sayings	52	34.9	13.8	.152 Not Significant
Willoughby Schedule	52	19.4	7.0	

NOTE: With 50 degrees of freedom, correlations of .273 and .354 are required for significance at the .05 and .01 levels respectively.

HYPOTHESIS II

The treatment group, having received assertion therapy, will exhibit a decrement in anxiety over the treatment period as measured by the Willoughby Test of Anxiety.

Findings

Twenty-three members of the treatment group received an administration of the Willoughby Test of Anxiety before and after the treatment period. The raw data from the pre and post administrations of the test were tabulated and the means, standard deviations, and correlated "t" values were calculated. A summary of the results appears in Table II. It can be observed from this table that a "t" value of 1.82 was obtained. Since this value does not represent a significant difference between means at the .05 level, Hypothesis II

must be rejected. Some support was found for the hypothesis with significance at the .10 level. However, it must be stated that a significant decrement in anxiety, as measured by the Willoughby Test of Anxiety, did not occur over the treatment period.

TABLE II

MEANS, STANDARD DEVIATIONS, DEGREES OF FREEDOM, AND OBTAINED "t" VALUES OF PRE AND POST TREATMENT SCORES OF ANXIETY FOR THE EXPERIMENTAL GROUP AS MEASURED BY THE WILLOUGHBY SCHEDULE

	EXPERIMENTAL GROUP	
	PRE TEST	POST TEST
Mean	31.44	26.91
Standard Deviation	12.89	16.60
Degrees of Freedom	22	
Obtained "t" Value	1.820	
Significance	Not Significant	

NOTE: A "t" value of 1.82 is significant at the .10 level. With 22 degrees of freedom a "t" value equal to, or greater than 2.074 and 2.819 is required for significance at the .05 and .01 levels respectively.

HYPOTHESIS III

The treatment group, having received assertion therapy, will exhibit a decrement in anxiety over the treatment period as measured by IPAT Scale of Anxiety.

Findings

Twenty-three members of the treatment group received an administration of the IPAT Scale of Anxiety before and after the

treatment period. The raw data from the pre and post administrations of the test were tabulated and the means, standard deviations, and correlated "t" values were calculated. A summary of the results appears in Table III. It can be observed from this table that a "t" value of 2.586 is large enough to demonstrate a significant change in means, and it may therefore be stated that a decrement in anxiety, as measured by the IPAT Scale of Anxiety, occurred over the treatment period. Thus confirmation of Hypothesis III was obtained.

TABLE III

MEANS, STANDARD DEVIATIONS, DEGREES OF FREEDOM, AND OBTAINED "t" VALUES OF PRE AND POST TREATMENT SCORES OF ANXIETY FOR THE EXPERIMENTAL GROUP AS MEASURED BY THE IPAT ANXIETY SCALES

	EXPERIMENTAL GROUP	
	PRE TEST	POST TEST
Mean	31.48	27.91
Standard Deviation	9.34	10.05
Degrees of Freedom	22	
Obtained "t" Values	2.586	
Significance	Significant	

NOTE: For df = 22, a "t" value equal to, or greater than 2.074 and 2.819 is required for significance at the five percent and one percent levels respectively.

Twenty-three members of the treatment group received an administration of the Bass SA Scale before and after the treatment period. This instrument was administered in an attempt to ascertain

if a change in the level of self-assertion had occurred over the treatment period. The raw data from pre and post administrations of the test were tabulated, and the means, standard deviations, and correlated "t" values were calculated. A summary of the results appears in Table IV. It can be observed from the Table IV that a "t" value of .759 was not sufficiently large enough to demonstrate that the difference in means were significant at either the five or one percent levels of significance. Therefore it must be stated that an increase in self-assertion did not occur over the treatment period.

TABLE IV

MEANS, STANDARD DEVIATIONS, DEGREES OF FREEDOM, AND OBTAINED "t" VALUES OF PRE AND POST TREATMENT SCORES OF SELF-ASSERTION FOR THE EXPERIMENTAL GROUP AS MEASURED BY THE FAMOUS SAYING TEST

	EXPERIMENTAL GROUP	
	PRE TEST	POST TEST
Mean	18.39	17.70
Standard Deviation	5.40	6.43
Degrees of Freedom	22	
Obtained "t" Values	.759	
Significance	Not Significant	

Conclusions

Statistical analysis of the data derived from the preceding treatment can be summarized by the following conclusions:

1. A non-significant correlation exists between anxiety and non-assertion as measured by the Bass SA Scales and the Willoughby Schedule.

2. The treatment group, having received assertion therapy exhibited a decrement in anxiety, significant at the .10 percent level, as measured by the Willoughby Schedule.

3. The treatment group, having received assertion therapy, exhibited a decrement in anxiety, significant at the .05 level, as measured by the IPAT Scale.

CHAPTER VI

DISCUSSION AND IMPLICATIONS

Discussion

The results of the present study may be summarized as follows: a slight but non-significant positive correlation between anxiety and non-assertion was found to exist. Two measuring instruments were employed in the study to measure anxiety. Of these, the Willoughby indicates a decrement in the post-treatment level of anxiety at the .10 level of significance. The IPAT revealed a decrement in anxiety over the treatment period at the .05 level of significance. A test of non-assertion, the Bass SA Scales, did not reveal a significant change in the level of self-assertion over the treatment period.

It must be noted that the present study differs markedly from those reported in the literature and reviewed by the writer. Whereas past studies involved mainly hospitalized patients or individuals in search of highly specialized help for interpersonal difficulties, the present study involved subjects from regular university classes. Similarly, four $1\frac{1}{2}$ hour group training sessions were substituted in the current study for the more customary long-term, one-to-one, combined counselling and training sessions. The relatively short-term work, with subjects not specifically chosen for having personality disorders, may have contributed to less

supportive results in the current study.

The data from the administration of the IPAT strongly supports the behaviourist's position that training designed to increase the level of self-assertion will bring about a decrement in anxiety. The data from the Willoughby is similarly supportive of this position but to a lesser degree. This is in keeping with data presented by Walsh (1966) which suggested high anxiety in student nurses who were found to score high on the Fear of Failure and Social Acquiescence subtests. The author attributes the discrepancy between the scores on the IPAT and the Willoughby to the greater efficiency with which the IPAT measures anxiety.

Our initial hypothesis regarding a correlation between non-assertion and high anxiety appears to be in error. Non-assertion was hypothesized to be co-terminus with social acquiescence. Since the treatment procedure involving assertion training successfully reduced anxiety, the author questions the use of the Bass SA Scales as an index of non-assertion. Non-assertion may not, at least in terms of the present study, be regarded as an equivalent to the construct, labelled social acquiescence by Bass.

Implications

The author views the mode of assertion training described in this study as a potentially valuable tool for counsellors working in an educational setting where group work is necessary, and a large number of referrals arise out of difficulties with interpersonal relationships. Caution, however, should be employed

when assertion therapy is utilized in any setting other than the one-to-one type often reported in the literature, until further work is carried out with group studies. The author recommends controlled experimentation to evaluate assertion training in the group setting, combined with smaller groups than those utilized in this study, and a larger number of training sessions.

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